

Applicant Last Name, First Name:

Received/Reviewed By:

Approved By:

Outcome:

Date:  Fee Paid:

Date:



# Kingdom Animal Shelter Application

Adoption  Foster

**Instructions:**

The purpose of this application is to help us match you with the pet most suitable for your current household and personal needs. We want both you and your new pet to be happy with the new home. Therefore, please fill out all sections as completely as possible. **If necessary, feel free to attach additional pages. Return this application to KAS** by mail to Kingdom Animal Shelter Adoptions, 1161 Portland Street, St. Johnsbury, VT 05819, email to [adoptions@kingdomanimalshelter.com](mailto:adoptions@kingdomanimalshelter.com), or return to the shelter during adoption hours. Note: Kingdom Animal Shelter is an all-volunteer organization. Applications can take up to 3-4 business days to process.

**Applicant Information**

|                                    |  |
|------------------------------------|--|
| Full name(s)                       |  |
| Physical Address<br>City/Town, Zip |  |
| Mailing Address<br>City/Town, Zip  |  |
| Home Phone                         |  |
| Cell Phone or Other Phone          |  |
| Email Address                      |  |
| Employer Name and Address          |  |
| Work Phone                         |  |

**Type of Pet Desired**

|   |  |
|---|--|
| Is there a particular KAS pet that you are interested in? If so, please provide the name. |  |
|---|--|

**Please indicate your preferences regarding the pet's gender, age, color, breed, size, hair length, and personality**

|               |  |
|---------------|--|
| Gender        | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Age Range     |  |
| Housing       | <input type="checkbox"/> Indoor <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor   |
| Coloring      |  |
| Hair Length   | <input type="checkbox"/> Short Hair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair  |
| Breed type(s) |  |
| Personality   | <input type="checkbox"/> Outgoing <input type="checkbox"/> Independent <input type="checkbox"/> Playful <input type="checkbox"/> Sedate<br><input type="checkbox"/> Interactive <input type="checkbox"/> Talkative <input type="checkbox"/> Aloof <input type="checkbox"/> Quiet<br><input type="checkbox"/> Other (Please describe): <input type="text"/> |

**Homeownership**

|   |  |
|---|--|
| Do you live in a (check one):   | <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment<br><input type="checkbox"/> Manufactured Home/Trailer |
| Do you rent your home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you rent, does your lease allow you to have pets?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If renting, please provide your landlord's name, address, and phone number:                                       |  |
| How long have you lived at your present address?<br>If less than two years, please provide your previous address: |  |
| Are you planning to change your place of residence in the next 12 months?<br>Please specify.                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>  |

**Important:** Renters must provide a copy of the lease or other permission from the landlord. Owners must provide proof of ownership (such as a mortgage statement, tax bill, etc.)

**What traits are you looking for in a cat? Check all that apply**

|   |  |
|---|--|
| <input type="checkbox"/> Good with young children       | <input type="checkbox"/> Leash trained |
| <input type="checkbox"/> Good with other cats           | <input type="checkbox"/> Declawed      |
| <input type="checkbox"/> Companion for another cat      | <input type="checkbox"/> Not declawed  |
| <input type="checkbox"/> Will be the only cat           | <input type="checkbox"/> Lap Cat       |
| <input type="checkbox"/> Good with dogs                 |  |
| <input type="checkbox"/> Other requirements (describe): | <input type="text"/>                   |

**Household Information**

|   |  |
|---|--|
| How many adults are in your household?                              |  |
| How many children?  |  |
| Please provide age of children.                                     |  |
| Is anyone in your household allergic to animals?<br>Please specify. |  |
| Have all household members agreed to adopting a pet?                |  |

**About Adopting a Pet**

|   |  |
|---|--|
| Why do you want to adopt a pet?                                       |  |
| Have you ever adopted from KAS before? If yes, when and which animal? |  |
| How long have you been looking for a pet?                             |  |
| Where else have you been/are you looking?                             |  |
| For whom are you adopting this pet?                                   |  |
| If as a gift, does the recipient know they are getting this gift?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to allow KAS volunteers to conduct a home visit?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |



# Kingdom Animal Shelter Application (Continued)

Adoption

Foster

## Caring For Your Pet

|   |  |
|---|--|
| Are you prepared to care for your pet for the lifetime of the pet (15 to 20 years)?   |  |
| <i>The average cost of caring for a pet in Vermont is at least \$700 per year, not including any emergency medical needs.</i><br>Are you prepared for the financial expense of veterinary care, annual vaccinations, good quality food, licensing, training, etc.?<br>For foster families, the shelter will be responsible for providing veterinary care, food and medicine for cats, and other expenses. |  |
| Do you have time to feed, clean up after, groom, exercise, play with, socialize, train, etc., your pet?   |  |
| Would you like some advice to help your new pet adjust to your home, household, and/or any current pets?  |  |
| Where will you keep the pet:<br>during the day?<br><br>during the night?<br><br>when you are away from home on vacation or business?  |  |
| Are you prepared to deal with the possible problems of pet ownership such as flea infestations, behavioral problems, accidents on the carpet, etc.?   |  |
| Who will have the primary responsibility of caring for your pet?  |  |
| If you work outside the home will anyone be at home to care for the pet during the day?<br><br>If not, about how long will the pet be alone, and what provisions will you make for the pet while you are gone?  |  |

## Past Pet History

|  |  |
|--|--|
| Have you had pets in the past?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are your animals kept up-to-date on annual exams and vaccinations?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did any of your pets get their rabies/distemper vaccinations at a clinic/not at your regular veterinarian?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you have a certificate or records of the vaccinations?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have had pets in the past, please specify <ul style="list-style-type: none"> <li>• What types</li> <li>• When you had the pets</li> <li>• What happened to the pets (such as lost, died of old age, died of illness, hit by car, poisoned, etc.)</li> </ul> |  |
| Please include names of past animals for vet reference:  |  |
| Current Pets (include names, types, personalities):  |  |

## Veterinary References

If you have current or past veterinarians, please provide the contact information below.

### Veterinarian #1

|   |  |
|---|--|
| Name  |  |
| Address   |  |
| Phone   |  |
| What years? How long have you used this veterinarian? |  |

### Veterinarian #2

|   |  |
|---|--|
| Name  |  |
| Address   |  |
| Phone   |  |
| What years? How long have you used this veterinarian? |  |

## Personal References

In addition to your veterinarian references (if you have one), please provide one or two references of persons who have known you and your other pets.

### Personal Reference #1

|                     |  |
|---------------------|--|
| Name                |  |
| Phone               |  |
| Relationship to You |  |

### Personal Reference #2

|                     |  |
|---------------------|--|
| Name                |  |
| Phone               |  |
| Relationship to You |  |

## Other Questions

|  |  |
|--|--|
| How did you hear about KAS?                                      |  |
| <input type="checkbox"/> Petfinder.com                           | <input type="checkbox"/> AdoptAPet.com |
| <input type="checkbox"/> KAS or Other Website (Please Specify)   | <input type="text"/>                   |
| <input type="checkbox"/> From My Veterinarian (Please Specify)   | <input type="text"/>                   |
| <input type="checkbox"/> Another Humane Society (Please Specify) | <input type="text"/>                   |
| <input type="checkbox"/> Facebook                                | <input type="text"/>                   |
| <input type="checkbox"/> Other (Please Specify)                  | <input type="text"/>                   |
| Is there anything else you would like us to know?                | <input type="text"/>                   |

By signing below, I signify that

- I have been truthful in completing this application, and
- I understand that any misrepresentation of myself or my intentions, and any untruths contained in this application will disqualify my application and nullify any current and future adoption agreements between myself and KAS.
- If fostering (not adopting), I am able and willing to administer medications to the foster cats and will keep a written record of the medication and provide the records to KAS, and I agree to periodic visits from a KAS representative.

Signature:  Date: